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Approved for use through 10/31/2002. OMB 0651-0032
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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration Submitted **OR** Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	717119.468
First Named Inventor	Fick, Jr., Edwin O.
COMPLETE IF KNOWN	
Application Number	Not yet known
Filing Date	Herewith
Group Art Unit	Not yet known
Examiner Name	Not yet known

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

METHOD FOR BACKFLUSHING INJECTOR NEEDLES

(Title of the Invention)

the specification of which

 is attached hereto

OR

 was filed on (MM/DD/YY)

--

as United States Application Number or PCT International (if applicable).

Application Number

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and was amended on (MM/DD/YY)

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I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority	Certified Copy Attached?	
			Not claimed	YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

 Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SENT TO: Assistant Commissioner for Patents, Box Design, Washington, DC 20231.

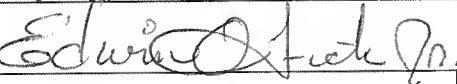
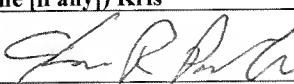
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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number or Bar Code Label		27128	OR <input checked="" type="checkbox"/> Correspondence address below						
Name Samuel Digirolamo Address Blackwell Sanders Peper Martin LLP Address 720 Olive Street, Suite 2400 <table border="1"> <tr> <td>City St. Louis</td> <td>State Missouri</td> <td>ZIP 63101</td> </tr> <tr> <td>Country US</td> <td>Telephone 314-345-6000</td> <td>Fax 314-345-6060</td> </tr> </table>				City St. Louis	State Missouri	ZIP 63101	Country US	Telephone 314-345-6000	Fax 314-345-6060
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<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</p>									
NAME OF SOLE OR FIRST INVENTOR:	<input type="checkbox"/> A petition has been filed for this unsigned inventor								
Given Name (first and middle [if any]) Edwin O.	Family Name Or Surname Fick, Jr.								
Inventor's Signature 	Date June 30, 2003								
Residence City: Sioux City	State IA	Country US	Citizenship US						
Mailing Address 3105 So. Cypress St.									
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City Sioux City	State IA	ZIP 51106	Country US						
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor							
Given Name (first and middle [if any]) Kris	Family Name Or Surname Parker								
Inventor's Signature 	Date June 30, 2003								
Residence City: Persia	State IA	Country US	Citizenship US						
Mailing Address 604 4 th Street									
Mailing Address									
City Persia	State IA	ZIP 51563	Country US						
<input type="checkbox"/> Additional inventors are being named on the ___ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.									